

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Kahuanani Hale	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-284 Kahuanani Place Waipahu, Hawaii 96797	<b>Inspection Date:</b> August 7, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No medication orders in record for levothyroxine, memantine, or multivitamin until 5/7/19.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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11-100.1-15 Medications (g)

Page 3

Kahuanani Hale has created a pre – doctor's – visit checklist and packet for all residents and caregivers. This packet will ensure the thoroughness and completeness of all requisite paperwork and obtain appropriate physician or aprn signatures. This packet will accompany all of the resident's primary care physician and specialists' visits.

Resident's packets will contain a copy of the Physicians Orders form (ARCH IR 18A). All caregivers are required to have the physician or aprn to thoroughly complete the form in a timely manner, before the end of the resident's physician visit.

All requisite paperwork and signatures, will be logged and filed appropriately in the resident's binder immediately after doctor's visit.

Completion date: 08 – 18 – 19

*Kahuanani Hale*

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 –</p> <ul style="list-style-type: none"> <li>• No annual PE available for review.</li> <li>• No annual TB skin test available for review.</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

**11-100.1-17 Records and reports (b)(1)**

**Page 4**

**Yes, resident #1's annual PE has been completed, and filed in resident's binder.**

**Yes, resident's annual TB skin test has been completed and filed in the resident's binder.**

**Completion date: 08 – 18 – 19**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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11-100.1-17 Records and reports (b)(1)

Page 5

Kahuanani Hale has created a pre – doctor's – visit checklist and packet for all residents and caregivers. This packet will ensure the thoroughness and completeness of all requisite paperwork and obtain appropriate physician or aprn signatures. This packet will accompany all of the resident's primary care physician and specialists' visits.

Resident's packets will contain a copy of the annual Physical Exam form (ARCH I R 19 B). All caregivers are required to have the physician or aprn to thoroughly complete the form ANNUALLY and in a timely manner, before the end of the resident's physician visit.

Annual TB and Physical Exam reminders are placed in the resident's packets, and entered into physical and electronic calendars to ensure they are completed in a timely manner.

*All forms including annual physical exam records, tuberculosis clearances and requisite signatures, will be logged and filed appropriately in the resident's binder immediately after doctor's visit.*

Completion date: 08 – 18 – 19

*Kahuanani Hale*



Licensee's/Administrator's Signature: Kanani Stone

Print Name: Kanani Stone

Date: 08-18-19